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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Exr. Popovics	Shirley S. Ma
	Patent and Business Development Counsel
COMPANY:	PHONE NUMBER:
U.S.P.T.O., GAU 1724	203-799-9000 Ext. 277
FAX NUMBER:	SENDER'S FAX:
703.872.9310	203-799-7000
DATE:	SENDER'S EMAIL:
8/4/2003	Email: PatentCounsel@kxindustries.com
TOTAL NO. OF PAGES INCLUDING COVER:	COMPANY CONFIDENTIAL
18	

☐ URGENT ☐ AS REQUESTED ☐ PLEASE REVIEW AND COMMENT ☒ PLEASE CALL ☐ FYI ONLY

NOTES/COMMENTS:

Please call to confirm receipt of this response.

Thank you, Shirley Ma

In re application of: Koslow et al.

Docket No.: 349.6640US
Date: 4 August 2003

PATENT

Serial No.: 09/759,593

Filed: 12 January 2001

For: DEVICE, METHOD, AND SYSTEM FOR REMOVING
CONTAMINANTS FROM A LIQUIDI hereby certify that this correspondence is being facsimile
transmitted on the date indicated below to:Commissioner for Patents,
Washington, D.C. 20231

Name: Shirley S. Ma Date: 4 August 2003

Signature: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Applicant claims small entity status.
☒ No additional fee is required.

The fee has been calculated as shown below:

	(COL. 1)		(COL. 2)	(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*15	Minus	**46	---
Indep.	*1	Minus	***3	---
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				
<input type="checkbox"/> EXTENSION FEE				

Small Entity

RATE	ADDIT. FEE
X\$ 9=	\$0
X\$ 42=	\$0
X\$ 140=	\$0
	\$0
Total	\$0

*If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Applicant petitions the Commissioner for a ___ month(s) extension of time to respond, pursuant to 37 CFR §1.136(a).
☐ A check in the amount of \$ _____ is attached.
☒ Please charge my Deposit Account No. 502371 for any over or under payment of filing fees under 37 CFR §1.16 for presentation of extra claims, or patent application processing fees under 37 CFR §1.17.
☐ Return Postcard.
☒ Other: One (1) replacement sheet showing Figures 5 to 7

Respectfully submitted,



Shirley S. Ma, Reg. No. 44,216

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